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FACSIMILE TRANSMISSION COVER SHEETDATE: June 14, 2004

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FROM: Daniel P. Dooley, Registration No. 46,369

TO: Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 2653	703/872-9306	866/217-9197

RE: Application No. 09/898,808
In re application of: Mathew Daniel, et al.
Assignee: Seagate Technology LLC
Dkt. No.: 23273

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264627.1

TRANSMISSION BY FACSIMILE ON JUNE 14, 2004

PATENT
DKT. 23273

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mathew Daniel and Svetlana I. Kovinskaya
Assignee: SEAGATE TECHNOLOGY LLC
Application No.: 09/898,808 Group No.: 2653
Filed: July 2, 2001 Examiner: Christopher R. Magee
For: MULTI-LAYER DISC DRIVE HOUSING STRUCTURE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (703) 872 - 9306

Date: June 14, 2004


Signature

Diana C. Anderson

(type or print name of person certifying)

#264626

Amendment Transmittal Page 1 of 2

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	16	- 20	= 0	x \$ 18.00	= \$	0.00	
INDEP.	3	- 3	= 0	x \$ 86.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

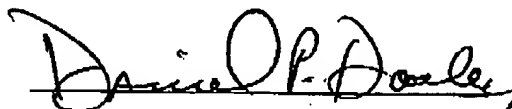
No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 06-0540.
If any additional fee for claims is required, charge Account No. 06-0540.

Date:

June 14, 2004



Daniel P. Dooley, Registration No. 46,369
 Randall K. McCarthy, Registration No. 39,297
 Bill D. McCarthy, Registration No. 26,772
 Mitchell K. McCarthy, Registration No. 38,794
 Fellers, Snider, Blankenship, Bailey & Tippens, P.C.
 Bank One Tower
 100 North Broadway, Suite 1700
 Oklahoma City, OK 73102-8820
 Telephone: (405) 232-0621
 Fax: (405) 232-9659